MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01620

Item 7, Film G177 2-21-55 et

00554

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
X CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 70 Yrs.
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland (Rural) X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Bruce (Last) Boyer

4. DATE OF DEATH: (Month) Jan, (Day) 2. (Year) 1955

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan-17-1873
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 11 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hazelton, Preston W.VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Boyer
14. MOTHER'S MAIDEN NAME: Melissa Jeffers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Archie Boyer- Terra Alta W.VA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Terminal Pneumonia (Lobar) — Interval Between Onset And Death: 1 Week

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Septicemia from diabetic gangrene — 1 year

DUE TO (c) Diabetes Mellitis (+ refusal of treatment. (Diet + Insulin) — many years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CRV. disease with arteriosclerosis — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Jan 2, 1955, that I last saw the deceased alive on Dec 2, 1954, and that death occurred at 4:00 AM, from the causes and on the date stated above.

SIGNATURE Chas E. Smith (Degree or title) M.D. ADDRESS Terra Alta W.Va. DATE SIGNED 2/2/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan 4/55
NAME OF CEMETERY OR CREMATORY Lake Ford Cemetery
LOCATION (City, town, or county) (State) Lake Ford Md.

DATE REC'D BY LOCAL REGISTRAR Jan. 4. 1955
REGISTRAR'S SIGNATURE Julia A. Rowan LR
24. FUNERAL DIRECTOR A. F. Collins. ADDRESS Terra Alta. W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1955
BUREAU V. S.

00555

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00557

Items 8,9: film G177 2-8-55L

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY: GARRETT MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: GARRETT
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): OAKLAND — LENGTH OF STAY (in this place): 7 WEEKS	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): MT. LAKE PARK, MD. X
70 HOSPITAL OR INSTITUTION OR STREET ADDRESS: GARRETT CO. MEMORIAL HOSPITAL	STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)	(First) GEORGIA	(Middle) G.	(Last) CLAYTON	4. DATE OF DEATH (Month) JANUARY	(Day) 7 (Year) 1955
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED	8. DATE OF BIRTH: 2-28-1864/1865	9. AGE last birthday: 90 89 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: MARTIN LUTHER GROVE	14. MOTHER'S MAIDEN NAME: HARN, MARGARET J.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: ----	17. INFORMANT AND ADDRESS: W.O. BITZER, MT. LAKE PARK, MD.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

153X

Immediate cause (a) Uremia — 5 Days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Cecum with Metastasis and perforation

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/25, 1954, to 1/7, 1955, that I last saw the deceased alive on 6 Jan, 1955, and that death occurred at 9:58 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.E. Mance	MD.	Oakland Md	8 Jan 55

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 1/10/1955	NAME OF CEMETERY OR CREMATORY: Mannington Cemetery	LOCATION (City, town, or county) (State): Mannington, W. Va.
DATE REC'D BY LOCAL REG.: 1/9/1955	REGISTRAR'S SIGNATURE: Julia A Rowan L.R.	24. FUNERAL DIRECTOR: Herbert C. Leighton	ADDRESS: Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 25 1965
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00558

00556

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, X

LENGTH OF STAY (in this place) 16 Mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident X

STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Barbara (Middle) Shevel (Last) Durst

4. DATE OF DEATH: (Month) January (Day) 23, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/29/1869

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Shevel

14. MOTHER'S MAIDEN NAME: Barbara Kretter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ------

17. INFORMANT & ADDRESS: Lawrence E. Sellers Friendsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Heart Failure — Interval Between Onset And Death: 1 month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Art. C. V. D. — years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Sept, 1953, to 23 Jan, 1955, that I last saw the deceased alive on Jan 22, 1955, and that death occurred at 6:00 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas & Lurby M D. ADDRESS Oakland Md DATE SIGNED 1/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1/26/1955 NAME OF CEMETERY OR CREMATORY Accident Cemetery LOCATION (City, town, or county) (State) Accident, Md.

DATE REC'D BY LOCAL REGISTRAR 1/24/1955 REGISTRAR'S SIGNATURE Julia A Rowen L R 24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1935
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00559 6

CERTIFICATE OF DEATH

00557

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY GARRETT — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X RURAL OAKLAND.

LENGTH OF STAY (in this place): 3 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: OD

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY GARRETT.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL OAKLAND MD. X

STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED: (Type or Print) (First) EMORY (Middle) ROBERT (Last) ELLIOTT.

4. DATE OF DEATH: (Month) JAN. (Day) 23 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH-1-1864

9. AGE last birthday: 90 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PARKERSBURG W.VA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JAMES ELLIOTT.

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: ELMER ELLIOTT. CRELLIN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) STARVATION - MALNUTRITION — Interval Between Onset and Death: 1 WK

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) CEREBRAL VASCULAR ACCIDENT — 1 YR

DUE TO

(c) SENILITY SENILE HEART DISEASE — YEARS

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1955, to 2-20, 1955, that I last saw the deceased alive on 2-20, 1955, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE James H. Jenkins Jr. (DEGREE OR TITLE) M.D. ADDRESS 58 2nd St. OAKLAND, MD DATE SIGNED 1-20-55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: JAN-25-1955

NAME OF CEMETERY OR CREMATORY: UNDERWOOD CEMETERY

LOCATION (City, town, or county) (State): NEAR OAKLAND MD.

DATE RECD BY LOCAL REG. Jan 25/55

REGISTRAR'S SIGNATURE Julius Rowan LR

24. FUNERAL DIRECTOR Emory Bolden Oakland Md ADDRESS

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 8 1965
BUREAU V. S.

10

00560

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00558

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland — LENGTH OF STAY (in this place) 6 mos

HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Alexander. 83X.3

STREET ADDRESS (If rural give location) 3400 Gunston Road

3. NAME OF DECEASED: (Type or Print) (First) FELIX (Middle) (Last) ELLIOTT

4. DATE OF DEATH: (Month) Jan (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/16/1868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months 10 Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Retired Banker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kingwood Wva

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dr Felix Elliott

14. MOTHER'S MAIDEN NAME: Mary Startzman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 234-26-1275

17. INFORMANT & ADDRESS: Kenneth F Hanst.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Heart failure — Interval Between Onset And Death: Few Minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Art. C. V. D.

DUE TO

(260X) (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes, mild Bronchitis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 July, 1954, to 1-21, 1955, that I last saw the deceased alive on 1-18, 1955, and that death occurred at 1:35 P.M., from the causes and on the date stated above.

SIGNATURE Thomas J. Curby (Degree or title) M. D. — ADDRESS Oakland Md — DATE SIGNED 1/21/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 1/23/55 — NAME OF CEMETERY OR CREMATORY Kingwood Cemetery — LOCATION (City, town, or county) Kingwood (State) Wva

DATE REC'D BY LOCAL REGISTRAR Jan 21-55 — REGISTRAR'S SIGNATURE Julia Dawson LR — 24. FUNERAL DIRECTOR Wm. Browning — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00561

00559

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural- Friendsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Friendsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) William (Last) Friend

4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: 1/11/1867

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marion Friend

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion Acute	10 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Sclerotic Heart Disease	yrs
	DUE TO (c) Senility	yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-14, 1954, to 12-28, 1954, that I last saw the deceased alive on 12-28, 1954, and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE James H. Foster Jr. M.D. (DEGREE OR TITLE) ADDRESS 38 2nd St. Oakland, Md DATE SIGNED 1-4-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/6/55	Friendsville Cemetery	Friendsville

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 5 1955	Kathryn Dike	Jack D Friend, Friendsville	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00562

00560

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND MD
LENGTH OF STAY (in this place) 57 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) THADDEUS (Last) GLOTFELTY

4. DATE OF DEATH: (Month) JAN. (Day) 5 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: OCT. 23-1866

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ACCIDENT MD

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ADRIAN GLOTFELTY

14. MOTHER'S MAIDEN NAME: SEVILLA FRANTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MRS CARRIE GLOTFELTY OAKLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 4 mo

DUE TO

Antecedent cause(s) (b) Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1942, to Jan 5, 1955, that I last saw the deceased alive on Jan 5, 1955, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE E. F. Baumgartner (DEGREE OR TITLE) M.D. ADDRESS Oakland MD DATE SIGNED Jan 7-1955

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE THEREOF JAN-8-1955 NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY LOCATION (City, town, or county) OAKLAND (State) MD.

DATE REC'D BY LOCAL REG. Jan 8/55 REGISTRAR'S SIGNATURE [signature] LR

24. FUNERAL DIRECTOR Emroy Bolden Oakland Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00563

00561

CERTIFICATE OF DEATH

Reg. Dist. No. 11-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (In this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT CO. MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SWANTON, MARYLAND -Rural
STREET ADDRESS (If rural, give location) R#2, 1 Mile West

3. NAME OF DECEASED (Type or Print): (First) CYRUS (Middle) Arlington (Last) HARVEY

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 31, 1881

9. AGE last birthday: 73 yrs. If under 1 year: Months 7 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Harvey

14. MOTHER'S MAIDEN NAME: Harriett Paugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MRS. ALY SWEITZER (DAUGHTER) SWANTON, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) ~~E~~ Uremia — Interval between onset and death: 1 wk.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Prostatic obstruction — 1 wk.

(c) Carcinoma of head of pancreas — 6 wks.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec. 23, 1954

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of head of pancreas.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/18, 1954, to 1/19, 1955, that I last saw the deceased alive on 1/19, 1955, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph Alvarez M.D. Oakland, Md. 1/19/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/22/55 — NAME OF CEMETERY OR CREMATORY: George Cemetery — LOCATION (City, town, or county) (State): Swanton, Md.

DATE REC'D BY LOCAL REGISTRAR: 1/22/55 — REGISTRAR'S SIGNATURE: Julia [illegible] R.R.

24. FUNERAL DIRECTOR ADDRESS: Otha F. Sharpless, Blaine, W.Va.

JAN 25 19
BUREAU

00562 00564

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 166

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH: COUNTY Garrett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Highway 39 near

LENGTH OF STAY (in this place) Crellin, Md.

HOSPITAL OR INSTITUTION OR STREET ADDRESS in front of Assembly of God Church

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mt. Lake Park, X

STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Fay (Last) Harvey

4. DATE OF DEATH (Month) (Day) (Year) January 23 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/24/1931

9. AGE last birthday: 23 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Stenography work, Typeing, etc.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Harvey

14. MOTHER'S MAIDEN NAME: Bessie Moon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 217 28 9531

17. INFORMANT & ADDRESS: George W. Harvey Deer Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

312 X

Immediate cause (a) (1) Crushing Injury Base of Skull

DUE TO

Antecedent cause(s) (b) (2) Fracture left humerus — Fracture Rt. Tibia & Fibula

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Instant

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: /

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**

21b. PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) Route 39 near

21c. (City or town) Crellin (County) Garrett (State) Maryland

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 23-1955 9 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☑

21f. HOW DID INJURY OCCUR? Struck by automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE L. T. Baumgartner M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1/24/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1/26/1955

NAME OF CEMETERY OR CREMATORY Thos. Moon Cemetery

LOCATION (City, town, or county) near Deer Park, Md. (State)

DATE REC'D BY LOCAL REG. 1/23/55

REGISTRAR'S SIGNATURE Julia Rowan LR

24. FUNERAL DIRECTOR Herbert C. Leighton

ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

00563 MARYLAND STATE DEPARTMENT OF HEALTH 00565

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Item 9, FilmG176 1-21-55 et

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville-Rural
LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS New Germany Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Somerset
STREET ADDRESS (If rural, give location) 409 S. Ankeney St.

3. NAME OF DECEASED (Type or Print) (First) WARD (Middle) E (Last) KINSINGER
4. DATE OF DEATH (Month) Jan (Day) 6 ? (Year) 1955

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 1-9-1913
9. AGE last birthday 41 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chauffeur
10b. KIND OF BUSINESS OR INDUSTRY Trucking
11. BIRTHPLACE (State or foreign country) R.D.4. Berlin Somerset. Pa.
12. CITIZEN OF WHAT COUNTRY U.S.A

13. FATHER'S NAME Norman Kinsinger
14. MOTHER'S MAIDEN NAME Nora Broun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 170-18-2643
17. INFORMANT AND ADDRESS Norman Kinsinger. R.D.4. Berlin Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carbon monoxide Poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Grantsville (COUNTY) Garrett (STATE) Md

TIME OF INJURY (Month) Jan (Day) 6 ? (Year) 55 (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Apparently suicide - exhaust pipe gas

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE Thomas J. Lusby M.D. (Degree or title) (Acting Med. Exam.) ADDRESS Oakland, Md. DATE SIGNED 1-8-55

CREMATION (Name of Cemetery) Burial
DATE THEREOF 1-10-1955
NAME OF CEMETERY OR CREMATORY Lichty Cemetary
LOCATION (City, town, or county) (State) Rural Meyersdale Pa

DATE REC'D BY LOCAL REG. Jan 9, 1955
REGISTRAR'S SIGNATURE Ethel Broaquater
24. FUNERAL DIRECTOR Wm Winterberg Grantsville Md ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

RECEIVED
JAN 12 1955
BUREAU V.

00564

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 00560

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 166

1. PLACE OF DEATH:

COUNTY GARRETT. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND. | LENGTH OF STAY (In this place) 12 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD COUNTY GARRETT.

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN RURAL OAKLAND.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) HENRY (Last) O'BRIEN

4. DATE OF DEATH (Month) JANUARY (Day) 19 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	WIDOWED	APRIL 29 1868	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
RETIRED FARMER.		SWANTON MD.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
GEORGE HENRY O'BRIEN.	MARY BECKMAN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		MRS NINA RILEY. OAKLAND. MD. RT-2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CORONARY OCCLUSION — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ARTERIOSCLEROSIS — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE C. J. Baumgartner M D — M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☑ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 1/19/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	JAN-22-1955	THAYERVILLE CEMETERY	NEAR McHENRY	MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 22/55	Julia Rowan LR	Emory Bolden	OAKLAND. MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00565

CERTIFICATE OF DEATH

00567

Reg. Dist. No. 166

Item 7, FilmG176 1-28-55 et

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
X CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 6 month
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND. X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) W (Last) REED

4. DATE OF DEATH: (Month) JAN (Day) 4 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: JULY-24-1882
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ALLEGANY Co MD
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN T. REED
14. MOTHER'S MAIDEN NAME: SARA ELLEN GROSS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Y (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS MARY LEICHTNER CUMBERLAND MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: weeks

DUE TO

Antecedent cause(s) (b) Art. C. U. D — years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 May, 1954, to 1/3, 1955, that I last saw the deceased alive on 6 Dec, 1954, and that death occurred at 2 P.m., from the causes and on the date stated above.

SIGNATURE Thomas & Rusby MD (DEGREE OR TITLE) ADDRESS Oakland Md DATE SIGNED 1/6/55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF JAN-6-1955
NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY
LOCATION (City, town, or county) OAKLAND (State) MD.

DATE REC'D BY LOCAL REG. Jan 6. 1955
REGISTRAR'S SIGNATURE Julia A. Noonan LR.
24. FUNERAL DIRECTOR Emroy Boldin Oakland Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

00568

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00566

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL DEER PARK MD
LENGTH OF STAY (in this place)
X
HOSPITAL OR INSTITUTION OR STREET ADDRESS
00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL DEER PARK MD. X
STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED: (Type or Print) (First) ORA (Middle) NANCY Gibson (Last) STRAWSER

4. DATE OF DEATH: (Month) JAN. (Day) 10 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JUNE-4-1877.

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): GARRETT CO.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ZACCHEUS GIBSON.

14. MOTHER'S MAIDEN NAME: ELIZA WONDERLY.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MRS. MYRTLE CUSTER. OAKLAND. MD. RT-2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 442X

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocardial Insufficiency	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardio-Vascular Renal Disease with	
	DUE TO (c) edema	2 mos.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Ch. osteo-arthritis — 5 yrs

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Jan 10, 1955, that I last saw the deceased alive on Jan 10, 1955, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE Ralph Calandrella (DEGREE OR TITLE) M.D. ADDRESS Kitzmiller Md DATE SIGNED Jan 13-55

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL DATE THEREOF JAN.- -1955 NAME OF CEMETERY OR CREMATORY PLEASENT VALLEY CEMETERY LOCATION (City, town, or county) NEAR MT. LAKE PARK. MD. (State)

DATE REC'D BY LOCAL REG. Jan 12/55 REGISTRAR'S SIGNATURE Julia A Lowry LR

24. FUNERAL DIRECTOR Emroy Bolden ADDRESS OAKLAND. MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 8 19[illegible]
BUREAU V. S.

00569

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (00569) 66

00567

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Lake Park
LENGTH OF STAY (in this place) 3/8/48
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kiser Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Accident
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) E (Last) WASS

4. DATE OF DEATH: (Month) January (Day) 18 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 22, 1868
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months 9 Days 7/9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Mill Run, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jonas Wass
14. MOTHER'S MAIDEN NAME: Mary Totten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Jonas Lenhart, Listonburg, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Probable Cerebral Accident — Interval Between Onset and Death: Few Minutes

DUE TO

Antecedent cause(s) (b) Art. C. V. D. — Years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951 to Jan 18, 1955, that I last saw the deceased alive on 12/4, 1954, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE Thomas J. Lucky (DEGREE OR TITLE) M. D. ADDRESS Oakland, Md. DATE SIGNED 1/19/55

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 1-21-55
NAME OF CEMETERY OR CREMATORY Addison Cemetery
LOCATION (City, town, or county) (State) Addison, Pa

DATE REC'D BY LOCAL REG. 1/20/55
REGISTRAR'S SIGNATURE Julia Rowan LR
24. FUNERAL DIRECTOR H. B. Richebarger ADDRESS Addison Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
FEB 8 1965
BUREAU V. S.